mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	191
County Carroll	Registration Dist. No. 26
Village or Chy Sumber = O. F.D	Tricked beer MA St., Wa (If death occurred in a possibilation institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 36 yrs.	mos. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Mary Ellen !	anold,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	
Finale White OR DIVORCED (write the	
a. If married, widowed, or divorced HUGBAND of (or) WIFE of Benjamin f. Carrol	22 August // 1932 to 11/30 1938
DATE OF BIRTH (month, day, and year) 1857-5-12	lest saw h. 2 alive on ///20 193 2 meath is s
	S than to have occurred on the date steted above, at 2.30 Am.
75 18 1day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one
kind of work done, as SPINNER, at Laonae SAWYER, BOOKKEEPER, etc.	-, 60 - 0 - 1
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	Wede Condine Volatation 11/29/
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town). Learnell las.	Other Contributory Causes of importance:
(State or country) 13. NAME School Starbar	" hutial Requisitation
() (2 -) -	" tutustitus applitus
(State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Hester Prole	What test confirmed diagnosis?
15. MAIDEN NAME Action Prole 16. BIRTHPLACE (city or town) Carroll Lead (State or country) Manual	Accident, suicide, or homicide? Date of injury, 19
(State of County) Meany raised.	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Cosi, T. Cursold. (Address) R. F.D. finicolous z. Tud.	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Mt. Cleasant Confe. Dec-1-	Manner of injury
9. UNDERTAKER 6. M. Whelf- (Address) Hinfield Fried,	24. Was disease or injury in any way related to occupation of deceased?
0. FILED //- 30, 132 Alund	(Signed) Spetter done

STATE OF MADVI AND-CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	<u> </u>	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

frem of inforshould state

of OCCUPA-

STATE OF	MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	_		11855.
County Carroll			Registration Dist. No. 78
Village or City Taylors	lle =	P.F.D.S.	Restrovanter, rel St., Ward
Length of residence in city or town where death	occurred 7	0 1	death occurred in a horpital or institution, give its NAME instead of street and number)
2 - State State of Contract Co	1/1/2	13-	/ ns al
2. FULL NAME		Jan	Dower Ward
(a) Residence: No.	(Usual place of	abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
		ED, WIDOWED, (write the word)	21. DATE OF DEATH The state of Death (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of OCAL WHEEN Mrs. Elizabeth	7. Ba	mes.	22. HEREBY CERTIFY, That I attended decaased from
19-	1	7	I last saw h alive on 19 death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at 1.2. P. ni.
78 9	2	I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER. fax	men (e	atical)	Yours Daple alma
Kind of work done, as SPINNER, fax., SAWYER, BOOKKEPPR, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 1 Date deceased last workad at this occupation (month and			т зА
work was dona, as SILK MILL, SAW MILL, BANK, etc	1		automobile recident, cent R.
- I I this seeaparien (internet and		in this	
yaar)	occupa 0	10n	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Charles (State or country) Manyles	keo.		Two thirds mindely puls
111 0-1	7.13a	mes.	+ Corelations Chart head
13. NAME 14. BIRTHPLACE (city or town) 14. Control or country	nono	us	Name et operation Date of
(State of country)	"		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah a 16. BIRTHPLACE (city or town) Conno	. Flesn	cing-	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Commo	U les	· 1	Accident, suicide, or homicide? Date of injury Mars. Itt., 19.32.
(State or country)	englar	ubl,	Where de mjury occur? Jaylarantle, Carroll County and . (Specify city or town, county and State)
17. INFORMANT Mrs Olizabe the (Address) B. F. W. Mesters	1. Les	znd,	Specify_whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Ľ 4. ,		Manner of injury Automobile accident
Place Discourse Date of	810 1200	7.7.1932	Natura of Injury Broken lag and Lody otherwise bruised
19. UNDERTAKEN 6. M. Half	3.1		24. Was disease or injury in any way related to occupation of decaasad?
(Address) Winfield	ml.	0	If so, specify
20. FILED 100.13. 1932 6	m.F	greer	(Signed)
	Luca	Registrar.	(Address) Washington May

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEURINE VOLUM			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 N. B.— See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31) (1185°)
County Danol	Registration Dist. No. / S
Village or City Near Inselvano	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Elenora Bollin	ger
(a) Residence: No. Luebout Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White OR DIVORCED (write the word) Thomas of the second	21. DATE OF DEATH 200 29 1932 (Month) (Oay) (Year)
5a. If married, widowed, or divorced husanno of Jame E. Bollinger	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 15 11/862	I last saw her alive on 27 , 1937; death is seid
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 1). Pm.
70 0 4 $\frac{1 \text{ day,} \dots \text{hrs.}}{\text{or} \dots \text{min.}}$	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Chronic Interstitial Oate of onset
kind of work done, as SPINNER, House Wife	nephritis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation, month and spent in this	
10. Date deceased lest worked et this occupation month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) way land	1
# 13. NAME Henry F Shoffer	
13. NAME Henry To Moffer 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of County)	What test confirmed diegnosis?
15. MAIOEN NAME Rebeca amspreher 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John & Ballinger (Address) Linebara Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Surebaso Md. Date Date 2 1932	Manner of Injury
19. UNDERTAKER Jacol Clinks. Sons	24. Was disease or injury in eny way related to occupation of deceased?
(Address) man charter Jud.	If so, specify
20. FILED M. 30 , 132 Mrs. A. M. J. S. Denne	(Signed) M. D.
Registrar.	(Address) Vandusting Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examplo I	Į.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy S A AVETAGE	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B2-07)
County Carrall	Registration Dist_No.
Village or City Systesvelle	No. Prung fuld blace A. Ward of death occurred in a porphal or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 4 yrs. 2 mos	s ds. How long in U.S. If of foreign birth?
2. FULL NAME fames 3 ree den (a) Residence: No (Usual place of abode)	St., Ward. Sollers Wharf- Calvert Co. If nonresident give city or town and State Med.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MADRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF PEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) DECQUEBER 29-1865	Hay 1 , 19 31 to Now 18 , 19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 to Pm.
66 /0 2-0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, Ocaterium	for p
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (worth and this property).	Meoral remorrage Nov. 18.
10. Date daceased last worked at this occupation (propts an spent in this year)	
12. BIRTHPLACE (city or town) Calvert Carrely	Other Centributery Causes of Importance:
(State or country) md,	- Opelle Bely Vince
13. NAME John M. Preden 14. BIRTHPLACE (city or town) 7 1	Children
(State of country)	What tast confirmed diagnosticutal overdenties there an autopsy? No.
15. MAIDEN NAME Laura V. Buckless	23. If deeth was dua to axternal causes (VIOL ENCE) filt in also the following:
15. MAIDEN NAME Laura U. Buckless 16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide? Date of injury, 19
(Stete or country)	Whare did injury occur? (Specify city or town, county and State)
(Address) Syllesoelle - md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B BURIAL, CREMATION OR REMOVAL BIBLET & F. M. L. Date Mar. 20, 1937	Manner of injury
19. UNDERTAKER L. A. A. A. Bellouse. (Address) Multical Med.	24. Was disease or Injury In any way related to occupetion of decaesed? 200 -
20. FILEO HOV 18, 1932 CHarry Ver	(Signed) Stillman V. Traut (Addrass) Syllesville - md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerasis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF PEATH	46 / 11858
County Carroll WITHIN CO	Registration Dist. No.
Village or City Westminster	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where daath occurred 2 yrs.	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME alice to aux	or
(a) Residence: No. 55 Liberty	St., Ward.
(Usvalplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOVE OR DIVORCED (revise the from	
a. If married, widowad, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased fr
(or) WIFE of Harvey Caylor	6-22 1932 to 1/- 8 193
DATE OF BIRTH (month, day, and year) Jan 96 18 5° 8	I last saw h - alive on // - 2 193 2 daath is s
AGE Years Nopths Days If LESS th	- 10 A
73 9 22 1 day, ormin.	THE ARTE THE CAUSE OF DEATH and Tended causes of importance
8 Trade profession or particular	Keneral arters - Date of on
8. Trade, profassion, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, atc.	And . And
9. Industry or business in which	Olerone -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (month and	
Spent in this	
year) occupation	Other Couributary Causes of importance:
2. BIRTHPLACE (city or town)	Carcinomas /9
(State ar country)	- Intestines
14. BIRTHOTACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy? _ A
15. MAIDEN NAME Clysolth Stone	23. If daath was dua to axtarnal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicide? Date of Injury, 19
(State or country) Ma.	Whare did Injury occur? (Specify city or town, county and State)
(Addrass) w established the Ome	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREATION, OR REMOVAL COM.	Manner of injury
Place Cyll Orling O' Oata 900, 12, 19.	S.2 Nature of injury
9 UNDERTAKER A Bankardon (Address) Lutinius ma	24 Was disease or injury in any way related to occupation of deceased?
0. FILEO 11/8 , 1932 Herring Registra	(Signad) (Signad)
If more blanks are needed, address State Regi	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	ac follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	AURDAU V. B.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CAN S COLU	3 days ago
			CENEDER	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

(Addrass)

should state

of OCCUPA-

	CERTIFICATE OF DEATH 11859
1. PLACE OF DEATH	82-0
County Carrall	Registration Dist. No.
Village or City Dy Resulle	No Sprendull State Nambetal Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whara daath occurredyrs,mos	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Lillian Creme	ex o
(a) Residence: No. 28 0 6 Education	a Rue Ward. Wallering ma
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jewale rakets wiedowed	(Month) (Day) (Year)
Sa. If marriad, widowad, or divorced HUSBAND of	- (Tuel)
(or) WIFE of luguest Curner	22. I HEREBY CERTIFY, That I attended deceased from
	april 29, 19 28, to Mascader 10, 19 3 2
6. DATE OF BIRTH (month, day, and year) 10 - 1- 1889.	I last saw h_lk_alive on Mad (0, 19.34; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12.55 Am.
4-8 / 9 I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wera as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1
Andustry or business in which	Cerebral Newallace 11-9-3,
work was dona, as SILK MILL, SAW MILL, BANK, atc	arebeal Nemaletage 11-9-32
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, Booksteper, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10-Data dacaasad last worked at II. Total time (yaars)	
this occupation (month and spant in this occupation occupation	
12 DIDTUDE ACE (AIN OF LOWER) Places and	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Mary Rales (State or country)	
I 13. NAME laquet & Realy	
14. BIRTHPLACE (city or town) Mary land	Name of operation Date of
(State of Country)	What tast confirmad diagnosis? Was thara an autopsy?
15. MAIDEN NAME Manie Willgrunds 16. BIRTHPLACE (city or town) Mary Land	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town). Mary Land	Accident, suicide, or homicide? Data of injury, 19
O 16. BIRTHPLACE (city or town) (State or country)	
M. i.T. A	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Vacquelal Courts	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sykewells Maryland - 18. BURIAL PREMATION, OR REMOVAL.	
Coldinare Md. Data Mov. 12 1932	Manner of Injury
Data Data Data	Natura of injury
19. UNDERTAKER 7. B. Miffeleet	24. Was disaase or injury in any way related to occupation of daceased?

Registrar.

(Signed) Mand

(Address) Ny Desuello

Maxward

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deeeased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 5 1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

MARGIN RESERVED FOR BINDING	7. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
. S. No. 1	f. B.—WRITE PLAINLY, WITH UN mation should be carefully supportable CAUSE OF DEATH in plain te TION is very important. See i

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Canal WITHIN COMPORA	Registration Dist. No.
Village or City Wishmill ho	No. Chan at St. Ward
A TO I R	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME fortus Cross	
01. +	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; deeth is said
7. AGE Years AdomPris Bays If LESS	
Of	THE INITIAL OR OF OF DEVINE AND LEAGUE CONSESS OF IMPORTANCE
8. Trade, profession, or perticular	
8. Trade, profession, or perticular kind of work done, as SPINDER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation).	
9. Industry or business in which	24
work was done, as SILK MILL, SAW MILL, BANK, etc.	- 3
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Wishming 2	The state of the s
(State or country)	~ ~
13. NAME Raymond T. Cons	
13. NAME Kaymord T. Cors 14. BIRTHPLACE (city or town)	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Commic Mar Book 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Kalendar (Corre	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place A Franchiscopy Reade 11/1/3	Manner of Injury
11110-0	(10.010 07 71)31)
19. UNDERTAKER Solf of the total	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20. FILED / 18 1932 - 1932	(Signed) M. D.
√ Reg	gistrar. (Address)
70 11 1 11 0	D. I. D. O. I. O. D. I. D. W. C. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 uly 5,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		1180F
County Carroll	-	Registration Dist. No.
Village or City Dringfull	(1	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Ollew 7	n. Danner	d
21 FOLL NAME		
(a) Residence: No. James	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word)	21. DATE OF DEATH Nov. 75 - , 193 7 (Month) (Oay) (Year)
5a. If marriad, widowed, or divorcad	1	
(or) WIFE of Late abraw	A. O. Danner.	22. OFFEREBY CERTIFY. Thet I attended deceased from 12 5
6. DATE OF BIRTH (month, day, and year) /85	0-5-6	last saw in 4 aliva on Nov 15 19.3 2 death is se
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 12 P. m.
82 6	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	I home.	Chronic Meso 103
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decassad last worked at this occuration (month and	• • • • • • • • • • • • • • • • • • • 	Cartilia Manty -
SAW MILL, BANK, etc		alixis reflected
this occupation (month and	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Balto	· leo,	Other Coatributory Causes of importance:
(State or country)	land.	Chuk Cordiac 11/2
13. NAME James Sp. 14. BIRTHPLADE (city or town) Balls	rsuch,	alitatation //
14. BIRTHPLACE (city or town)	, 6001	Name of oparation
(Stata of country)	regland.	What tast confirmed diagnosis? Was there an autopsy
15. MAIOEN NAME 2224 5 16. BIRTHPLACE (city or town) 3	Heen,	23. If death was dua to axternal causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	lts (60)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	any land.	Whera did injury occur? (Specify city or town, county and State)
7. INFORMANT Mus, Corre Co. (Address) R.F. D. Western	ofidatt.	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	2-1-1	Manner of injury
Place Custin County	Daje 120 - 10 2, 1932	Natura of injury
9. UNDERTAKER 6. M. Ho	all -	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED 20v. 26, 1932 &	in Farrer	(Signed) M.
	Aveal. Registrar.	(Address) / Dillimit

CTATE OF MADVI AND

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 0.00	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
44			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

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of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County Langel -	Registration Dist. No. / 6
Village or City new Gacuber	NoSt.,Ward
71 8 (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Josephine Educe	order
(a) Residence: No. The Gaustin Mu	reyleward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whose the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
The Cartes accounts	Moosember 15, 1932, 10 Moosemby 15, 1932
6. DATE OF BIRTH (month, day, and year) Jel. 24 1861	I last saw h. Et alive on Locentry 12, 19.82; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
7.1 8 2 3 1 day,hrs.	were as follows:
8. Trade, profession, or parlicular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Coronory Thombasis. 11/15/32
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and ///15/32 spent in this occupation year)	
Carrence Co.	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) Nooy Land	Diabetes Meletus 1922
13. NAME Thomas Brothers	
13. NAME Thomas Brothers 14. BIRTHPLACE (city or town) Joseph Co., (State or country)	Name of operation Low Date of
(State or country) Missiplaced	What test confirmed diagnosis? Love Was there an autopsy? Lo
15. MAIDEN NAME / Catheorie Goole,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catheoute Goole, 16. BIRTHPLACE (city or town) Casale Co	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mongland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clifted Edificulation (Address) Williams and R.O. 5.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mi Getta and Country 100 15,79-32	Nature of injury
19. UNDERTAKER 6.M. Walt.	24 Was disease or injury in any way related to occupation of deceased?
(Address) Krufield Mid.	If so, specify
20. FILED //// 1932 Flavor	(Signed) M. D.
Registrar	(Address) (1) Education (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	of importance work or follows:	Date of onset
1915	Attack of epilepsy A A A Salate	1 week ago
1921	Run over hy street car	1 week ago
July 5,1927	Peritonitis 7851 9 Jau	3 days ago
	GEVISORA	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy: Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B

V. S. No. 1

	OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	0 0	Pagistration Diet No. 83
County and		Registration Dist. No.
Village or City	arrett	No. St., Ward
Length of rasidence in city or town w		If death occurred in a hospital or institution, give its NAME instead of street and number) Stds. How long in U.S. if of foreign birth?yrsmosds
		CA Ward
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, -OR-DIVORCED (write the word)	21. DATE OF DEATH Movember \$, 1937 (Month) (Day) \$ (Year)
5a. N married, widowed, or divorced HUSBANO of (or) WIFE of		22_ I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTII (month, day, and year)	11-8-32	I last saw h; death is sain
7. AGE Years Month	S Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, atc	11. Total tima (years) spant in this occupation	Still burk
12. BIRTHPLACE (city or town)	Barrett.	Other Centributory Course of importance:
13. NAME REAL FORM 14. BIRTHPLACE (city or town) (State or country)	and all to	Name of oparation. Oate of
	0 00 +	What tast confirmed diagnosis? Was there en autopsy? Was there en autopsy?
15. MAIDEN NAME LA TO 16. BIRTHPLACE (city or town) (State or country)	woel	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	and .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hours ours at	Data 201/0 32	Mannar of injury
19. UNOERTAKER EZZA. (Addiess) Woodh	tarver (tather)	24. Was disaasa or Injury in any way related to occupation of daceasad?
20. FILED MON 10 132	Tule Local Registrar.	(Signed) Atalle M. [(Address) Transfer Stert
1/	may	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago - 4 - 1 -Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA.

1. PLACE OF DEATH			1864
County Carroll	Colored Bran	nch, (23) Registration Dist. No. 74	
Village or City Henryton,	0 0 (1	No. St, f death occurred in a hospital or institution, give its NAME instead of street and r s. How long in U.S. if of foreign birth?	Ward
2. FULL NAME Oray Edwa			
(a) Residence: No. Church H	ill, Queen Anne (Usualplace of abode)	Coge, , Md ward. Church Hill	State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color of RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV., 26, 1932. (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unmarried		20/31/32 EREBY CERTIFY. The 1/32 of 19	deceased from
o. DATE OF BIRTH (month, day, and year)	pt., 20, 1913	1 1 1 1 1 1 1 1 1 1	; death is said
7. AGE Years Months	Days If LESS than 1 day, hrs.	I HE LYDICITY CAOSE OF DEVISE and Legated canges of importance	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER,	chanan	Pulmonary Tuberculosis	
SAWYER, BOOKKEEPER, etc.	abor er		Aug.,
work was done, as SILK MILL, SAW MILL, BANK, etc.	arm		1202
kind of work done, as SPINNER, I SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, E SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) I LOW MILL	11. Total time (years) Use where the Use the Use where the Use where the Use t		
	Hill, Tland.	Other Contributory Causes of importance:	-
13. NAME Charles Gibbs	5,		
	ktown, yland.	Name of operation Date of What test confirmed diagnosis? Wes there an a	outoney?
15. MAIDEN NAME Addie See	ney,	23. If death was due to external causes (VIOLENCE) fill in also tha following	
15. MAIDEN NAME Addie See 16. BIRTHPLACE (city er town) Chu (State or country)	rch H ill, Maryland.	Accident, suicide, or homicide? Date of injury Date of injury	
17. INFORMANT John E. O'Nei (Address) Henryton, Ma	11, M. D. aryland.	(Specify city or town, county and State Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CRAMATION, OR REMOVAL Place Day Lynn	Ant N by 28, 19.3	Manner of injury	· · · · · · · · · · · · · · · · · · ·
19. UNDERTAKER WAS AND A CANADA CANAD	hong mo	24. Was disease or injury in any way related to occupation of deceased?	ho
20. FILED 1/26/32 19	w 6. Melli	(Signed) Ren Deerles (Address) The Street, Baltimore, Requesting V. S. No. 1.	V M.I

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage DEC 5 1932	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

ä ż 12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE city or fown

16. BIRTHPLACE (city or town (State or country)

(State or country)

13. NAME

17. INFDRMANT

19. UNDERTAKER

20, FILED_ //

(Address)

(Address)

FATHER

MOTHER

should state item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11865
1. PLACE OF DEATH	(50)
County Batto Carriel	Registration Dist, Np
Village or City Funksburg Md	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Illen Moges Gray	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) Limble State St	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 22 1863	last saw h dive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at \$30 cm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8 Trada profession or particular	Date of onest
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc D. Date deceased last worked at 11 Total time (years)	Concinana J. fl. Brant 370
Date deceased last worked at this occupation (month and spent in this	

occupation _____

so, specify Registre If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did Injury occur?_____

Name of operation...

Menner of injury

Nature of injury.

What test confirmed diegnosis?

Accident, suicide, or homicide?

23. If death was due to external causes (VIDL ENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

Date of injury_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

For authoristion to Chan	as Co	renter	see 'V	D1) . 1	orne	740
	8					
Lude dr. Llade 1/17/3	3.	- Charles			E.S.	
20.					311	

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foraign birth?______mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) The PRINCIPAL CAUSE OF DEATH and related causes of importance was there an autopsy?_ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Data of injury______ 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was diseasa or Injury In any way raiated to occupation of Registraf. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial hephritisDEC 2 1994	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	P91 101	
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

DEATH	11867	

. 1	. PLACE O	F DEAT		Ma		berculosis Sanatorium ored Branch Registration Dist. No. 74			
	Village or (nryton,		CIF	No. St,, death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. N of foreign birth?	Ward number)		
2	. FULL NA (a) Resider	T.	nna Loui Kensingt	se How on, Mo	ntgomery	Cost., Md. Ward. If nonresident give city or town and	State		
Ministra	PERSON	VAL AN	DSTATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. S F		4. COLOR	or race	S. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH NOV., 11, 1932 (Day)	, 193 (Year)		
5a.	If married, widow HUSBANO of (or) WIFE of		Jnknown			March 7, 1928 Nov., 11,	deceased from		
6 1	ATE OF BIRTH	(month day	Apr	il 4,	1875	Hast saw her alive on Nov., 11, 1932	: death is said		
7. A		ars 57	Months 7	Oays 7	If LESS than I day, hrs.	to have occurred on the date stated above, at 12.05 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of oneet		
TION	8. Trade, profession, or particular kind of work done, as SPINNER. Domestic SAWYER, BOOKKEEPER, etc.					Pulmonary Tuberculosis			
OCCUPATION	9. Industry or work wa SAW MI	business in as done, as S LL, BANK, e	which		ework				
Ö	10. Oata deceas this occur year)	High work	ked et	11. Total Unk	time (years) Palipythis Opanor				
12.	BIRTHPLACE (c (State or cou		Kensir Mary	ngton,		Other Contributory Causes of importance:	-		
ER	13. NAME H8	nson	Smith,						
FATHER	14. BIRTHPLAC (State o	E (city or to	wn) Maryla	and.		Name of operation Dete of Was there an	autopsy? No.		
HER	15. MAIOEN NA	AME Rac	chael Ho	ood,		23. If deeth was due to external ceuses (VIOLENCE) fill In also the followin			
MOTH	16. BIRTHPLAC (State o	E (city er tov	Marylan	nd.		Accident, sulcide, or homicide? Date of Injury Where did Injury occur?			
17. INFORMANT John E. O'Neill, M. D., (Address) Henryton, Maryland, 18. BURIAL, CREMATION, OR REMOVAL Place M. C. L.						(Specify city or town, county and State) Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
						Manner of injury			
19. UNDERTAKER J. C. C. J.						24. Was disease er injury in any way related to occupetion of deceased?	uo:		
20.	FILEO 11/1	11/32	9 Depu	ty Loca	Meell. Registrar.	(Signed) The Glasses Address)	ou me		
		/		the second second second second second		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1		

Tz

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of min rtance.		Other contributory causes of importance:	
Gallstones	10 1 19 3	Gastroenteritis .	1 year
1 109			
ADDITIONAL SPACE F	FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL & ACAS	OR PORTI	EN SIMILIMINIS DE L'HISIOIM	

item of infor-	S should state	of OCCUPA-	
I RECORD. Every	Y. PHYSICIANS	Exact statement	
A PERMANENT	ted EXACTL	perly classified.	tificate.
NK-THIS IS	should be sta	it may be pre	n back of cer
UNFADING I	supplied. AGE	terms, so that	e instructions o
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE	mation sl	CAUSE	TION is

STATE OF	MARYLAND-C	ERTIFICATE	OF	DEATH	1180	5
	1,11,11,11,11,11,11,11,11,11,11,11,11,1		•		.1 .1	0

1	PLACE OF	DEAT	гн			(28)	000
	County	Carr	oll		Mary.	land Tuberculosis Sanatorium Registration Dist. No.	14
	Village or Cit	ty H	enryton	, Maryla	and.	No. St.	Ward
	Length of resid	ence in ci		eath occurred Q	yrsO_mos	death occurred in a hospital or institution, give its NAME instead of street and r. 26 ds. How long in U.S. If of foreign blrth?	umber)
2	FULL NAM	/E	Earl Wi	lliam I	vory,		
	(a) Residence	e: No. E	Royds, M	ontgome: (Usual place of	ry Co., I	Md 6t., Ward. Jagda Mail If nongey dent give city/or town and	State
	PERSON	AL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	Male		or RACE	5. SINGLE, MARK OR DIVORCED SINGLE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH NOV., 6, 1932 (Month) (Day)	, 198
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divo	rced	-		22 Oct., 15, 1932 CERTIFY, That 1 attended Nov., 6,	
6 1	ATE OF BIRTH (r	nonth day	and vest) Ju	ne 12,	1912	1m Nov 6 1079	1,792
7. 1			Months	Days	If LESS than	to have occurred on the date stated above, at 11.20 m.P.M.	, douth is suid
	2	0	4	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
z	8. Trade, profess	8. Trade, profession, or particular				Pulmonary Tuberculosis	Date of onset
TIO	kind of work done, as SPINNER, Laborer, SAWYER, BOOKKEEPER, etc.						Aug.,
UPA	work was	done, as S	which ILK MILL, Un itc.	known			1932
OCCUPATION	10. Date deceased this occupyear)	d last wor	ked at	11. Total tir	ne (years)		
12.	BIRTHPLACE (city (State or count		Boyds	Maryla		Other Contributory Causes of importance:	
2		laud	Dark .				
FATHER	14. BIRTHPLACE		wn)	nville,		Name of operation	0
ER	15. MAIDEN NAM	E Me	ry Bowe			What test confirmed diagnosis? Was there an e	
MOTHER	16. BIRTHPLACE ((city or to	un) Ger	mantown		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide? Date of injury	
	INFORMANT	Johr		eill, M		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18.	BURIAL, CREMATI				7	Manner of injury	
	Place 2	Des	1 Mis	Date	, 19,32	Nature of injury	
19.	UNDERTAKER (Address)		D 140	2000	done	24. Was disease or injury in any way related to occupation of deceased?	Mo.
20.	FILED 11/6/	32.,1		outy Loc	Mecce J	(Signed) Mey 6 CMail	21- M.D.
						2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	and the state of t

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		e		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Bartes Harris Bartine - 1 Super Bartine - 1 Super Bartine				

SIAIL OF MARYLAND— 1. PLACE OF DEATH	(3)	1869
County Carroll	Registration Dist. No.	age
Village or City Lykesville	ND. Mrng fuld state forfutal St., death occurred in a hoppital or institution, give its NAME instead of street and	ward
		nosds.
2. FULL NAME Richard D. Jameson	gan'	
(a) Residence: Np. Oakland Md. (Usual place of abode)	Mard. Oakland, Marylan If nonresident give city or nown and	ed
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	a Drate
3. SEX Nale 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Myember (2 (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marden ham waknown.	22. april 1 HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) March 10 4 1849.	I last saw h sin alive on november 5 2 1932	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.3.5 A.m.	
83 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular (Former) Labon Keefer & SAWYER, BDOKKEEPER, etc	General arteriosolerosis	Prion 1
SAWYER, BOOKKEEPER, etc. Farm Labour.	Lenna uneriosoarosis	Jub. 19
work was done, as SILK MILL, SAW MILL, BANK, etc.		-
1D. Date deceased last worked at Fibrania 11. Total time (years) of this occupation (month and year) 1926 occupation		-
12. BIRTHPLACE (city of town) turkwwn	Other Contributory Causes of Importance: MM-al Regulation and Chromic	Prior to
(State or country) allegan Co. md.	Interstitial nephritis	FW.19
13. NAME Richard G. Jameson 14. BIRTHPLACE (city or town) Lukum	7	-
(State of country) Tricking to. Ma.	Name of operation Trone Name of operation Thomas Regner lobonation final What test confirmed diagnosis? Royacal against lobonation final Was there an	allopsy? ho
15. MAIDEN NAME Rosella Jamison (Consin) 16. BIRTHPLACE (city or town) Luckuman (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the followin	g:
16. BIRTHPLACE (city or town) Luckeuron (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Hornyfuld Wat Horhital (Records)	Where did injury occur?	te) .ACE.
(Address) On trearlle, md. 18. BURION CREMATION, OR REMOVAL.	Manage of Julius	
Constaland Md. Date Max, 8, 1932	Nature of Injury	
19. UNDERTAKER Help alon Inc. (Address) Sukurulle Hid		ho.
20. FILED For . 6 , 19 34 Chany Mice Registrar.	(Signed) from h morris (Address) (N.S. H.) Ryklsville Md.	М. С

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		dengenee	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

ARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH	870
1	. PLACE OF DEATH	186-01	0.0
	County Carroll	Registration Dist. No. 75	
	Village or City In anchester	NoSt.,	Ward
	10 0	ds. How long in U.S. If of foreign birth? yrs. mos.	
2	FULL NAME Orlando m. Still	er	
NAME AND ADDRESS OF THE PARTY O	(a) Residence: No. Znancheste Marin (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	nte
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildow If married, widowed, or divorced	21. DATE OF DEATH (Month)	93.Z (Yaar)
Ja.	HUSBANO of (or) WIFE of Wefe of the late lokas Driler	22. Sept 29, 182, to Stov 12	., 182.2
-	DATE OF BIRTH (month, day, and year) Man 2 1872	I last saw han alive on Mall 1, 1922; d	leath is said
7. /	I day bre	to have occurred on the date stated above, at _//_/5_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	66) 6 ormin.	ware as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, Toyle SAWYER, BOOKKEFPER, etc.	acute solorshilas support	1932
OCCUPATION	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
000	Date dacaased last worked at this occupation (month and year)	-,	
12.	BIRTHPLACE (city or town) Maryland (State ar country)	Other Contributory Causes of importance. Tractione Left Fernus.	1033
ER	13. NAME Ruchen Hames		
FATHER	14. BIRTHPLACE (city or town) (State or country) mankand	Name of operation	opsy?UO
ER	15. MAIDEN NAME to four lotte stockedul Pichet	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Accident Oata of injury 1972	91932 ned
17.	INFORMANT Mrs Embay H smith	(Specify city or town, county and State) Spacify whathar injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, OR REMOVAL Piace St James elemmagore 2001/5, 1932	Manner of injury Sturmfold & fell on Flor Nature of injury Franchise Left Famus	22.
19.	UNDERTAKER 7413 asakusel 45083 (Address) masterinster ma	24. Was diseasa or injury in any way related to occupation of daceased?	no
20.	FILEON of. 163, 1932 Mrs. A. R. & Dewer Registrar.	(Address) Milmustin Uld	9M. D.
	16 H-1 1.1 .11 . C D	N. C. I. C. P. I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1)	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

	OF MARY	LAND-	CERTIFICA	TE OF DEATI	11871
1. PLACE OF DEATH) () () () () () ()			ta)	50/
County Coarroll				Registration Dist.	ND.
Village or City ha. Western	msler	(lf	No.	al or institution, give its NAME inst	St., War
Length of residence in city or town where	death occurred 5 5			n U.S. if of foreign birth?	
2. FULL NAME Mary &	Clen Las	mbert	11/1		
(a) Residence: Np.74 West	menses		St Ward	i.	
(b) Household House	(Usual place of a	bode)		If nonresident give	city or town and State
PERSONAL AND STATIST	TICAL PARTICU	JLARS	MEDI	CAL CERTIFICATE O	FDEATH
Fimale White	5. SINGLE, MARRIE OR DIVORCED (*		21. DATE OF D	EATH (Month)	(Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0		22. July HE	REBY CERTIFY,	That I attended deceased from
. DATE OF BIRTH (month, day, and year)	18.7 19	56	Mast saw blez a	live on Nou 4 w	, 1932 ; death is sa
. AGE Years Months	Days	If LESS than	to have occurred on the	date stated above, at	Em.
75 10		I day,hrs. prmin.	The PRINCIPAL CAUS	E OF DEATH and related causes of	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hone		Dernierous Anema		Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					
10. Data deceased last worked at this occupation (month and year)	11. Total time spent in occupat	n this			
a Bintini Acr (site or local)			Other Contributory Cas		
2. BIRTHPLACE (city or town) (Stata er country)			Mast	uc Ween	***********
13. NAME William	Dambe	N	(Charac	- parce	
14. BIRTHPLACE (city or town)			Name of operation		Date of
(State or country)	d		The state of the s	ignosis?	-W
15. MAIDEN NAME Scisan	marke	7	23. If death was due to e	xternal causes (VIOLENCE) fill in a	also the following:
16. BIRTHPLACE (city or town)	1		Accident, suicide, or ho	micide? Date	of injury, 19
(State or country) MC	1		Where did injury occur	?	10
7. INFORMANT D has. W. (Address) W. 1struin	King	nd,	Specify whether injury	(Specify city or town occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Saus T-GUM. Date M. 7 193.2.			Manner of injury		
			Nature of Injury		
9. UNDERTAKER HSanh (Address) W-sim	not -	md.	24. Was disease or injur	y in any way related to occupation	of deceased?
20. FILED 1/7 , 19 3 7 6	Tyloos	Registrar.	(Signed) (Apdress)	how & fewart	M. M.
If mor	e blanks are needed, addr		1/	ltimore, Requesting U. S. No. 1.	7 - 0

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1	ii ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEALLOSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH	92-0
County Carry	Registration Dist. No.
Village or City Les Velevelle	No. St., War
Length of residence in of pown where death occurred 4/3 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Daura Linds	ey
(a) Residence: No. September (Usual place of abode)	Jt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
A. If married, widowed or divorced HUSBAND of	
(or) WIFE of Lomas . Ludsay	22. HEREBY CERTIFY. That I attended deceased from 1932 to 1932
DATE OF BIRTH (month, day, and yeer) Fel. 2 1855	I last saw her alive on Oct 30 1982 death is se
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 6. P
7) P 29 1dey,h	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows: Oate of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Plu Vala Llegat Alega - >
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
this see spariting month and spant in this	2
year)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Maryland	
14. BIRTHPLACE (city or town) Maryland	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Sarah Loe 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Aandalistown 186	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIA DEMATION, OR REMODAL	Menner of injury
Plantesley Chafel Delhor 3, 193	Nature of Injury
9. UNDERTAKER CHARLES	24. Was disease or injury In any way related to occupation of deceased?
(Address) weepville Ma	If so, specify and a second of deceased.
W a A All VI	(Signed) Kon El Martin M.
D. FILED LOV. 2 1982 CHarry / Veer	(Signed) M

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A A Y 3300	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1	DEC 2 1330	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE LION

19. UNDERTAKER (Address)

OCCUPA

plnods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

24. Was diseese or Injury In eny way releted to occupetion of deceased?

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SERAU V.	ا الدرية		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11874
1. PLACE OF DEATH	
County Barrell	Registration Dist. No. 24
Village or City Widdleburg	NoSt,/ Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME TWO Emmas II. Lie	· · · · · · · · · · · · · · · · · · ·
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
52. If married, widowed, or diversed HUSBAND of Corp. Lewis F. Lynn	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) The 14, 1844	I lest saw h L elive on
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 3.2
88 4 11 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	mense himorrhage Date of onset
9. Industry or business in which	- undervin orange 6 mrs
SAW MILL, BANK, etc.	Ship N.
10. Date deceased last worked at this occupation (month and year)	
Xulinial Soul	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or outpury)	
13. NAME Lawrence Haley	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of county)	What test confirmed diagnosis? West there en eulopsy?
15. MAIDEN NAME Cleanth Harbaugh 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
244	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Maddeburg, Ind.	opening whether mighty occurred in INDUSTRI, in nome, or in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Maddle Mod 21, 193	Nature of Injury
19. UNDERTAKER (Ol) Effusivo av Janes Gran, Mil.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Nov. 26, 19 32 Mrs. Offer D. Dellas. Registrar.	(Signed) M. D. Aggarita M. D. (Address) Union Britan M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIO	NAL SI	PAGE FO	R FURT	THER STA	TEMENTS	BY	PHYSICIAN	

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-OCCUPA-Je Exact statement properly classified. BINDING See instructions on back of certificate. FOR TARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important.

STATE OF MARKETERING	110.0
1. PLACE OF DEATH	<u> </u>
County Garroll,	Registration Dist. No. 75
Village or City manchester	No. St., Ward
Length of residence in city or town where death occurred 63rs. mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
Ha 190 901	hall
2. FULL NAME I LEWY 14. Mane	
(a) Residence: No. 11 Octuber 50 South	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH NOV 14, 193 Z/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, I_HEREBY CERTIFY, That I attended deceased from
(or) WHE of mallinda a Manchay	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 18-1859	I last saw h. Line alive on NOV 12 ,193 +; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
81 9 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of original
kind of work done, as SPINNER, Shoemafeer	arterioseleroses 12
9. Industry or business in which work was done, as SILK MILL,	•
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) 1932 spent in this 40 year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Perma	Simile Dementin 1931
13. NAME martin manchoy	
13. NAME Martin Manchor 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Na.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julid Failman	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS. A CHARLES (Address) New Chester Mid	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Man emission Date Movi 10, 19.32	Nature of injury
19 UNDERTAKER Jacob Winks Daws,	24. Was disease or injury In any way related to occupation of deceased?
(Address)/mmellester And	If so, specify
20. FILED MOY. 15, 1932 M 10 98. 9. S. Denner	(Signed) M. D.
Registrar.	(Address) Nauellelle Md

STATE OF MARYLAND-CERTIFICATE OF DEATH

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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	neo a con	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	6601 = 030	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			NGSIVISA	J.
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

•	RECORD. F I. PHYSIC Exact state
BINDING	EXACTLY EXACTLY y classified.
FOR	IS A I stated properl certifica
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. I mation should be carefully supplied. AGE should be stated ENACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state TION is very important. See instructions on back of certificate.
V.S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state TION is very important. See instructions on back of certificate.

1	. PLACE OF		IAIL C	Marate	and Tuber Colored E	CERTIFICANE OF THE 11	840
	County	arro	011			Registration Dist. No. 74	
			nryton,		(16 O_yrs, 9_mos	No. (above) St, death occurred in a hospital or institution, give its NAME instead of street and r 9 ds. How long in U.S. it of foreign birth? yrs. mo	Ward
2				omas Mc.			
	(a) Resident	e: No.1	404 Ash	land Av (Usual place		MOSE, Modered. If nonresident give city or town and	State
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	Male		r or race lored	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED. D (write the word) LE	21. DATE OF DEATH November, 7, 193	A93. (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY. That I attended Jan., 29, 193219 to Nov., 7, 1	deceased from
6. 1	DATE OF BIRTH	month, day	v. and year)	Oct., 1	6, 1924	Hast sew h 1m alive on Nov., 7, 1932 19	; death Is said
7. /			Months	Days 22	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at 7 • 00 nA • M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onset
Z	8. Trade, profes kind of w SAWYER,	sion, or pa ork done, BOOKKEE	articular es SPINNER, PER, etc.	Schol		Pulmonary Tuberculosis Data of or	
kind of work done, es SPINNER, Scholar SAWYER, BOOKKEPPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. In the date deceased last worked at this occupetion (month and nknown) this occupation (month and nknown) Spant in this nknown occupation				Wn 11. Total t		Other Contributory Causes of Importance:	Dec.,
	BIRTHPLACE (cit (State or coun		Nort	h Carol		-	
Henry McArthur 14. BIRTHPLACE (city or town) Lombarton (State or country) North Carolina						Name of operation Dete of What test confirmed diagnosis? Wes there an a	outopsy? No
ER	15. MAIDEN NA	ME	Lula	McNeal		23. If deeth was due to external causes (VIOL ENCE) fill in elso the following	
15. MAIDEN NAME Lula McNeal 16. BIRTHPLACE (city or town) Lombarton (State or country) North Carolina						Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State	
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL					
18. BURIAL, CREMATION, OR REMOVAL Place MA College Date 1/1/32.19			Date [] [9/3219	Manner of injury	~7,	
19. UNDERTAKER Mas Ida A Syndlen			12 dy	nasolen)	24. Was disease or injury in any wey related to occupetion of deceased? If so, specify	MO.	
20.	FILED 11/7	/32,	Deput	y Local	Mecal Registrar.	(Signed) (Address) (Address)	We M. D

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage RUREAU	July 5,1927	Peritonitis	3 doys ago
1			
Other centributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923		1 y

should state of OCCUPA-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH Maryland Tuber	
County Carroll Colored	Branch Registration Dist. No. 74
Village or City Henryton, Md.	ND. (Above) St, Ward death opened in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs/U_mos	death occurred in a hospital or institution, give its NAIVE instead of street and number) ds. How long in U.S. N of foreign birth?
2. FULL NAME Catherine Nolan	
(a) Residence: No. 1351 N. Stricker St., B	altimore yaund. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female Colored Single	21. DATE OF DEATH Nov., 13, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	Dec., 16, 1931, to Nov., 13, 1932
6. DATE OF BIRTH (month, day, and year) April, 5, 1908	llast sawh er alive on Nov., 13, 193219 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10,55 m.P.M.
24 7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Pulmonary Tuberculosis Cate of onset
kind of work done, as SPINNER, Domestic SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and Inches) 11. Total time (yeers) 12. Total time (yeers) 13. Total time (yeers)	Aug., 1931
10. Date deceased last worked et this occupation (month and unknown year) 11. Total time (yeers) spent In this unknown occupation	
12. BIRTHPLACE (city or town) Mechanicsville (State or country) Maryland	Other Contributory Causes of Importance:
🖺 13. NAME Edward Nolan	
HE I3. NAME Edward Nolan 14. BIRTHPLACE (city or town) Mechanicsville (Stete or country) Maryland	Name of Operation
# 15. MAIDEN NAME Anna Dorsey	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Anna Dorsey 16. BIRTHPLACE (city or town) Mechanicsville (State or country) Maryland	Accident, sulelde, or homicide? Dete of injury, 19
17. INFORMANT Shra & Meise: (Address) Fewerton ned.	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Peters Constanting to 16, 1937	Manner of Injury
19. UNDERTAKER Thomas & Relson (Address) 1303 Presstandan St	24. Was disease or injury in any wey related to occupation of deceased? 220. If so, specify
20 5450 11/13/320 Ale. E. Oncice.	(Signed) Thu O Check M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

R

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Examp	ole I		Example II	
The principal cause of death as of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	18'A 0"	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7. 7. 7.	Fully5, 1001	Peritonitis	3 days ago
	3.6 1989	40N-		
Other contributory causes of in	mportant: A	OTTE	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. P. L	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
1. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	The region of the instructions on back of certificate

		INTIL	יו הואו וע	ILAND	CERTIFICATE	OF DEA	ΙП ,	1.41
1. F	PLACE OF DEA	TH			(31)			815
	County Carroll					Registration Di	st. No.	1 sto
	Village or City	Sykesvi	lle, Md	•	No. Springfiel death occurred in a hospital or institute	d State I	los p. St.,	Ward
	Length of residance in c	ity or town where	deeth occurred	yrslmos		ation, give its NAME in the foreign birth?	nstead of street and	number) osds.
2. F	FULL NAME							
	(a) Residence: No.	Woodbin	e, Carri (Usual place	of abode)	Md\$t., Ward.	If nonresident gi	ve city or town and	State
	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	-	White	5. SINGLE, MAR OR DIVORCE Widow	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	November (Month)	8,	, 1932 (Year)
H	narriad, widowad, or div USBAND of or) WIFE of Bel	vin D.			October 5,	CERTIFY	rember 8	decaased from
6. DATE OF BIRTH (month, day, and year) 1864 - 5-14.			I last saw h_ET alive on	0 50	_	_; daath is seid		
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.			to have occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:	TH and ralated causes	of Importanca	Date of onset		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and account in this personn in this			Chronic Paren Nephritis		Not			
16	Oate deceased last wo this occupation (moyear)	rked at	11. Total t	ime (yaars) nt in this 52 yr	\$			-
12. BIRTHPLACE (city or town) (Stata or country) Virginia			Other Contributory Causes of imp Terminal Ure		Over	amo		
13.	. NAME Ch	arles S	imms					
13. NAME Charles Simms			Neme of operation	oratory t hysical		d NQ		
			23. If death was due to externel car	S-V-HILD BROWNS				
			Accident, suicide, or homicide?	0a	te of injury	, 19		
			(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			ACE.		
			Mannar of injury					
19. UNDERTAKER 6.m. Hall. (Address) Hintfield Ind.				24. Wes disease or injury in any w	vay related to occupation	on of deceased?	No	
20. FILI	Mor.10	1932 6	Hau	Y / Kees Registrar.	(Signed) John (Midrass) S.S.	Horf Sy	hered his wille,	M. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the descences had retired trom business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	•		
I year	Gastroenteritis	8261,1 yoM	Gallstones
	Other contributory causes of importance:		Other contributory causes of importance:
obv shop g	Perilonilis -	1261,3 ylul	Сегергал ћетоггћаде
I week ago	Run over by street car	1261	Chronic interstitial nephritis
विकास व्यवका १	Allack of epilepsy	9161	Arteriosclerosis
teano to etsol	The principal cause of death and related causes of importance were as follows:	teano to etad	The principal cause of death and related causes of importance were as follows:
	Example II		Exsmple 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY, WITH

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	

10

	SIAIL OF MARTERIE	CERTIFICATE OF DEATH	40
1.	PLACE OF DEATH		19
	County Carroll	Registration Dist. No	74
	114 0	No. I from freed State Hospital St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
		s. 4 ds. How long in U.S. if of foreign birth? yrs, m	osds.
2.	FULL NAME Charles 6. Poole (a) Residence: No. Frederick Co. Md.	St. Ward Friderick Co. ma	
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE)	hale Shite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Josephur 22 nd (Month) (Dey)	, f93) (Year)
	merried, widowed, or divorced HUSBAND of (or) WIFE of TE OF BIRTH (month, dey, and year) Unknown Unknown 1853	1 HEREBY CERTIFY, Thet I ettended March 27-, 19/8, to Mountar 2 1 lest sew hum alive on November 2/2, 19 3 2	2 19.32
7. AG		to heve occurred on the date steted above, et 5.10 H.m. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	Date of onset
OCCUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business In which work wes done, as SILK MILL,	General Arterioscherous	1918.
סטכת	SAW MILL, BANK, etc		
	(State or country) Interior	Other Contributory Causes of Importance: Obvionie Magacarditis and Chron Merstiliae Rephartie	mc 1918
TER	3. NAME Galenberry Parle	<u>'</u>	
FATHER	4. BIRTHPLACE (city or town) unknown (State or country) In any land	Neme of operation North Date of: What test confirmed diegnosis? West there en a	lingo no autopsy? no
E E	5. MAIDEN NAME Mary Beall	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following	g:
MOTHER	6. BIRTHPLACE (city or town) Unknown (State or country) mary land.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. IN	(Address) Superville, Carretto. md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BI	Chansauf Hill Caupate Mor 24, 193	Manner of injury	
f9. U	NDERTAKER J. B. Brall Sur. (Address) Samassus Ind.	24. Was disease or injury in any way releted to occupation of deceased?	no.
20. FI	LED Moore, 1932 Charry Hear	(Signed) form h. Morris (Address) S. S. H.) Dykesville. M.	м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7081 £ 030	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

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Example	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrita C & 1335	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. (A) (ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
--	---	--	--	--

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7/
County arroll	Registration Dist. No.
Village or City Near / Vistmenester	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs 6 mo	
P. + 1 1.0	La
2. FULL NAME Dignard Suchar	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or Divorced (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
1 22 10 115	11-10 00
6. DATE OF BIRTH (month, day, and year) 4-27-/847 (7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than I day,hrs	
85 0 00 or	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Certiro achtersia 1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 11. Total time (years) spent in this	1/20
work was done, as SILK MILL, SAW MILL, BANK, atc.	
O Date deceased last worked at this occupation (month and 1918 spent in this	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chaliac decompsa-
(State or country) arroll Co	tions 6mo
13. NAME Charles Richards	
13. NAME Charles Richards 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Susanna Stick	23. if death was due to external pauses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Susanna Steck 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Fictional Richards	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wistmin Still	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Westly Stullly Date WWV - 7-, 19/16	Nature of Injury
19. UNDERTAKER TODIU I STORY	24. Was disease or Injury In any way related to occupation of daceased?
(Address) Hempster nel	If so, specify
20. FILEO 1/ - 22,19 3 \$ FICE OF DEVOS	(Signed) M. P.
Registrar.	(Address) WWW WW W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the same of th	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

	I. PLACE OF	F DEATH	IL OI	Maryla	nd Tuber	culosis Sanatorium 11882
					d Branch 23 Registration Dist. No. 74	
	Village or City Henryton, Maryland				nd	No (above) co ward
		dence in city or to			O (If	f death occurred in a hospital or institution, give its NAME instead of street and number) 15 ds. How long in U.S. if of foreign birth?
:	2. FULL NA	ME Hes	ter Ri	inggold		le l
	(a) Residence	ce: No. Gold	d, Ker	t Co.,		St., Ward. Add Med. If nonresident give city or town and State
	PERSON	AL AND S	TATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3,	sex Female	4. COLOR OR		5. SINGLE, MARK OR DIVORCED Sing	(write the word)	21. DATE OF DEATH November, 8, 1932 ₁₉₃ (Year)
5a.	HUSBAND of (or) WIFE of					22. I HEREBY CERT1FY. That I attended deceased from
	DATE OF BIRTH (1				Oct., 24, 1932, 19 taNov., 8, 1932, 19 test is said
7.	AGE Year		Months 7	0ays 23	If LESS than I day, hrs.	to have occurred on the date stated above, at 8 • 50 Am • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance
NO	8. Trade, profes	sion, or particula	NNER,	Domes		Pulmonary Tuberculosis Oate of onset
OCCUPATION	9. Industry or 1	BOOKKEEPER, ei business in which dona, as SILK M L, BANK, etc		Unknov		April
OCCI	10. Date decease	ed last worked at pation (month and		11. Total tir	na (years)	1932
this occupation (month antinknown spent in thinknown occupation. 12. BIRTHPLACE (city or town) Gold, (State or country) Maryland		pation	Other Contributory Causes of importance:			
ER	13. NAME	I	Raymon	nd Rings	gold	
FATHER	14. BIRTHPLACE (State or	(city or town)	Sassaf Maryla	ras ind		Nama of operation O Date of What test confirmed diagnosis? O Was there an autopsy? A.C.
ER	15. MAIOEN NAP	ME I	Elizab	eth Chi	risty	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State or		Sassaf Taryla		* * * * * * * * * * * * * * * * * * *	Accident, sulcide, or homicide?
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md			ill, M.	D.	(Specify city or town, county and State) Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Sassaftas Md. Date 11-11- 1933			Date //- //	- , 19.38	Manner of injury	
19. UNDERTAKER Mis Sarah & Mooge (Address) Middle Loron & Spiral			1 .0 //		24. Was disease er injury in any way related to occupation of deceased? If so, specify	
20.	FILED 11/8	/32,19	Deput	y Loca	MecCU. Registrar.	(Signed) The Delle M. D. (Address) Stewayton Med
		0	If more bla	anks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUV	81.11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			1

stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	93-2) 11883			
County Carroll	Registration Dist. No. 80			
Village or Cither Medford	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds			
2. FULL NAME Damuel OU. UKO	ser			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 18 , 193 2 (Month) (Day) (Year)			
5a. If marriad, widowed, or divorced HUSBAND of Olice O. Roselu Cor WIFE of Olice O. Roselu	22. I HEREBY CERTIFY, That I attended decassed from November 15, 1932, to Not 18, 1932			
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days if LESS than 1 day,hrs. ormin.	to have occurred on tha date stated above, at the PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:			
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Tadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this spant in this	arterio celerous 1928			
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)				
14. BIRTHPLICE (city or town)				
14. BIRTHPLACE (city or town)	Name of operation			
(State of bounty)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME TOWA COMPLET	23. If death was dua to axternal causes (ViOLENCE) fill in also the following:			
15. MAIOEN NAME TO WAR	Accident, suicide, or homicide?			
17. INFORMANT MAS Alice a Roser (Address) (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Not 21, 193	Manner of injury			
19. UNDERTAKER OF JUSS Son (Address) Danustoun, Me	24. Was disease or injury in any way related to occupation of deceased? 200			
20. FILED. No. 19 , 13/ Erra DeBenediel Registrar.	(Signed) as . Thorh M. (Address) New Williams M.			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH	105
1. PLACE OF DEATH	(3)	
County Cosroll Co	Registration Dist. No. 75	
Village or City Munches Mc	No. St., If death occurred in a horpital or institution, give its NAME instead of street and num	Ward
	s	
2. FULL NAME Christian Rothe	1	
(a) Residence: No Masteriole St Man electro (Usual place of abode)	Ward. If nonresident give city or town and Sta	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE A COLOR OF RACE OR BIVORCED (write the word)	21. DATE OF DEATH 200 22 (Month) (Day)	93
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. NOT 10 1932 to NOV 22	ceased from
DATE OF BIRTH (month, day, and year) Mon 11 - 1853		
AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 2 _ A _ m.	leath is said
79 8 // Idey,hrs.		
8. Trade, profession, or particular	Chronic myrearditis	ate of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Chronic nellisiti	·
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and		
work was done, es SILK MILL, SAW MILL, BANK, etc	- 120	
D Date deceased last worked at this occupation (month and year)		
PAID	Other Contributory Causes of importance:	111001
2. BIRTHPLACE (city or town) (State or country)	- Craemia	11/20/
	-	
1		
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	20
15. MAIDEN NAME Not / worm	Whet test confirmed diagnosis? Was there an euto	psy?
1	23. If death was due to external couses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	_, 19
Carrenda Stalla	(Specify city or town, county and State)	
7. INFORMANT A WALLEY THE CONTROL (Address) TO MAKE THE THE THE	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE	
8. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Mancheson Date 1//24 , 19,22		
9. UNDERTAKER A TAPPUNGSEN (Address) Adjunction of the American	24. Was disease or injury in any way related to occupetion of deceased?	
20. FILED Mr. 24, 1932 Mrs. Dr. Q. J. Deliver	(Signed) WPShemel (Address) manchester, m	M. D.
If more blanks are needed, address State Revistrar.		

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE FUR	FURTHER	STATEMENTS	DI	FILISICIA

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	703
County Caregle	Registration Dist. No.
Village or City Resoules	No Research Ward Will Washest Ward If death occurred in a borostal or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	os. 39 ds. How long in U.S. If of foreign blrth?
(a) Residence: No. 6 2 5 Columbia Oka (Usual place of abode)	Wordkunberless M. If nonresident give city or town and State 4
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) Scenale	21. DATE OF DEATH Mouseules 27 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That i attended deceased from
41.	Cat. 29 ,19 80, 10 201. 27 ,19 92
6. DATE OF BIRTH (month, day, and year) reducing 2, 1882	, death is said
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 2., 22 2.m.
30 19 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	atak Musikanda 11-10-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation.	
12. BIRTHPLACE (city or town) Mary and (State or country)	Other Contributory Causes of importance:
13. NAME Leave of Nekastrer 14. BIRTHPLACE (city or town) Silver	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME of well of	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME della Janes 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Adaptal Coulds (Address) Superville md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Called Lox 27, 1932	Nature of injury
19. UNDERTAKER Well Son Inc. (Address) Sylvespille Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 7, 7, 1932 CHarry Weer Registrar.	(Signed) Many M. Rees M. D. (Address) Sylvanille Md
	, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DURSAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

IARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11886
1. PLACE OF DEATH	779
County Carrello	Registration Dist. No. 26
Village or City Hinks bung.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How look in U.S. if of loreign birth?
2. FULL NAME Dangue Cunty	anuly.
(a) Residence: No	St., Ward. If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR WORCED (write the word)	910/ 1564 , 193 <u>\$</u>
5a. If married, widowad, or divocad HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Single	22. I HEREBY CERTIFY. That I attended deceased from
1 Ma 101910	Level 124 1932 to top 13th 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw harm alive on Low 12 4 , 1932; death is said
1 14 1 /2 1 day,hrs.	to have occurred on the data stated above, at
8. Trade profession or particular	were as follows: Q B . A + Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	acut matt, Za og
9. adustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spatt til tills	
yaar) occupation occupation	Other Contributor Causes of importance:
12. BIRTHPLACE (city or town).	Vorson ash the at out in st
	nother bank led world
E / 40 - 6 /	fuguerly las seems of own only
(State or country)	Name of operation
	What test confirmed diagnosis? The Was there an autopsy?
H BOLF.	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?, 19
Cargriss & th	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) And Boliver	Specify whethat injuly occurred in INDUSTRY, in NOME, of In Public PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place fruits any Date Mr. 18/193	Nature of injury
19. UNDERTAKER Was Herryman	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) Pestirston md.	If so, specify
20. FILED 11/12, 1932 Lywoodwood	(Signed) Such Turker Turk M. D.
Registrar.	(Address) Resteratory Test
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICAT	TE OF DEA	TH 1	1887
1. PLACE OF DEATH		(59)		7	1
County Carroll	·		Registration D	Dist. No	1
Village or City 713 Westm	unsles	No. (If death occurred in a hospital of	or institution, give its NAME	instead of street and	War
Length of residence in city or town where death	occurred 5'0 yrsmm		U.S. if of foreign birth?		
2. FULL NAME Mamis	Tring Si	arner			
(a) Residence: No.		St., Ward.			
BEDSONAL AND STATISTICA	(Usual place of abode)	l MEDIC		rive city or town a	nd State
PERSONAL AND STATISTICA 3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEA	AL CERTIFICATE	OF DEATH	
Female White	OR DIVORCED (write the word)	_ Zi. DATE OF DEA	(Month)	(Day)	., 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Sto	ames	22. IHER	EBY CERTIFY	7. That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) May	1ch 11- 1880	I last saw h.e. alive	on An 9-	19.32	death is sel
7. AGE Years Months	Days If LESS than 1 day,hr	I III I WINCH WE CHOOK O	ate steted above, at DF DEATH and related causes	m.	
8. Trade, profession, or perticular	6 ormin.	were as follows:	7		Date of onse
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	esemple	. Dhunis	- Chabetes	·	
9. Industry or business in which work was done, as SILK MILL,		(
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	11, Total time (years)		**************************************		
this occupation (month and year)	spent in this occupation				
12. BIRTHPLACE (city or town)		Dther Contributory Causes	of importance:		
(State or country)	1100	- /4			
13. NAME JAMES (S) 14. BIRTHPEACE (city or town)	my 10.				
(State or country)	// 				
	tR. Rull		osis?		
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Starry 19. Starry 1			ernal causes (VIOLENCE) fill cide?D		•
		Where did injury occur? Specify whether injury occ		own, county and Si IE, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Little Common D	ate nov. 13,1932	Manner of injury			
19. UNDERTAKER & Bankard (Address) Wystminst	for my.	24. Wes disease or Injury in	n any way related to occupat	tion of deceased?	
20. FILED MOV-12, 193 2 Marg	aret R. Englar Registrar.	(Signed) (Appress)	and stens	test &	eca

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street carl 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. V. S. No. 1 ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11888
County Carroll WITHIN CORPORATE LIMITED	Registration Dist. No.
Village or City Westminster	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Samuel Jacob Su	// /
(a) Residence: No. 2 419 E. M. Guin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OB-DIVORCED (prite the word) Windows	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (real)
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from Oct 15: 1932, to 1000 12, 1932
6. DATE OF BIRTH (month, day, and year) June 37 - 1852	I last saw have aliva on MOV! 1/5, 193 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on tha data stated abova, at 5 - a.m.
) 9 4 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	arteriorelevais Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. i. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ii. Date daceased last worked at this eccuration (morth and this eccu	Chronic Interstitual Repliet 1930
A. Industry or business in which work was dona, as SILK MILL, (Ketters) SAW MILL, BANK, etc.	Cerebral Semmade nov 10'32
10. Date daceased last worked at 14.20 11. Total time (years)	
this occupation (month and /430 spent in this // occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State ar country) Mg.	
13. NAME Samuel Hames tons	
13. NAME Samuel Hamiles Tons 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
= 15: MAIDEN NAME Mary Elizabeth Mullmans	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15: MAIDEN NAME Mary Elizabeth Mulinians 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
ha : I flow At man	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT/LAS 5 LILL S) VIIIS (Address) U. S. S. M. M. M.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place V Della VIII COM: Data JUV: 199	Nature of Injury
19 UNDERTAKED STANKEURS MA.	24. Was disease or Injury In any way ralated to occupation of deceased?
20. FILED 1/12 , 1932 Alloodword Registrar.	(Signed) Chao R. Tout M. D. (Address) WEstminster, MA
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CANTOSK	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

B.

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(Address)

20, FILEO ST 15 1932

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11889
1. PLACE OF DEATH	(46)
Village or City near. Medford	No
	death occurred in a norphesis institution, give its IVAIVE instead of street and number) ds. How long in U.S. II of loreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Remale White Willow 5a. II married, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO of (or) WIFE of The Late Isaac n. store 6. DATE OF BIRTH (month, day, and year) In arch 25-186/ 7. AGE Years Months Days If LESS than I day,	1 HEREBY CERTIFY, That I attended daceasad from 19.3.
t2. BIRTHPLACE (city or town). (State ar country) Carrule to Maryland	Other Contributory Causes of Importence: Cerebral Herrorlage #/13/32
13. NAME Laved C. Baile 14. BIRTHPLACE (city or town) (State or country) & arroll to maryland	Nama of operation
15. MAIDEN NAME Mary Elegabeth Haille 16. BIRTHPLACE (city or town) (State or country) Frederick Con maryland 17. INFORMANT Mrs Curthur Walts	23. Il daath was due to axternal causes (VIOLENCE) fill in also tha Iollowing: Accidant, sulcida, or homicide?
(Address) Westmenstof Med 18. BURIAL, CREMATION, OR REMOVAL Place Pife Careb, M. R. Oate Nov. (6, 19.3.2.	Mannar oI injury

Registrar.

II so, specify

(Signad)

(Addrass)

24. Was disease or injury In any way ralated to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Carroll	Registration Dist. No. 75
Village or City Mu, Melrose (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & mphram 13. Folde	asic
(a) Residence: No. Pleasaut 1till, (Usual place of abode)	Past., Ward. If unnresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 19 193 (Year)
HUSBAND of Corn was give fouldasing	22. HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Oct 25 - 1861	t last saw h eliwe on, 19; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
7/ / 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Returned January SAWYER, BOOKKEPER, etc Returned January of business in which	Clugua Peelous Sudd
work was done, es SILK MILL, SAW MILL, BANK, etc.	allost on armae
10. Date deceased last worked at this occupation (month end 1917 11. Total time (yeers) spent in this year) 38	
12, BIRTHPLACE (city or town) Par. (State or country)	Dther Cautributory Causes of importance:
13. NAME Peter Wilder	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Penna .	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Margrente Ballinger	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BtRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Paul Wildusin (Address) + annuer Pa. B 4 # 2	Where did injury occur?
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place St. David Sherman Date Nov 22, 1982	Nature of injury
19. UNDERTAKER W. G. Foliser Pa. (Address) Hanner Pa.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED M. 19 , 19 32 Mrs. 97, 9. & Dourse Registrar.	(Signed) WRSDenner M.D. (Address) Manchester Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis - The second of th	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Other contributory causes of importance.		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastrocnteritis	1 year

mation should be cirefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be V. S. No. 1

	STATE	OF	MARYI	AND-CERTIFI	CATE	OF	DEA.	TH
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STATE OF MARTENING	CERTIFICATION DEATH
1. PLACE OF DEATH	82:00
County Curvel Co	Registration Dist. No. 75
Village or City Mv. Melrose	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Villiam Herry Jung l	1 Virgling
(a) Residence: No. Manches tre, And	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH NOV 30 ,193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of The August Husband of The August Husband Husba	22. 1 HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of	Nov 30 1932 to Nov 30 1932
6. DATE OF BIRTH (month, day, and year) aug. 28 1850	I last saw h. Limelive on 700 39 , 1932; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 199 m.
82 3 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Tumorshay Sudden
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	war obterosis
13. NAME Samuel Jung line	
13. NAME Saunel Jung ling 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Md.	What test confirmed diagnosis? Was there an autopsy? 100
15. MAIDEN NAME fulia Sumuel 16. BIRTHPLACE (city or town) (State or country) 77. 8. 8. 9. 10. 10. 10.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
(Stete or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO with Monath	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manduole, Data Dec. 3, 19 3 2	Manner of injury
19. UNDERTAKER D. L. F. Bergman (Address) Man ches tes Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec. 2, 1932 Mrs. g. g. S. Derrer Registrar.	(Signed) WR Sterner M. D. (Address) Munchester Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car 10	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year